

Name
in
Full

Scott Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Branch Farm ^{County} Cecil MARYLANDDate of death 1908 ^{Month} 9 ^{Day} 11 Age ^{Years} unknown ^{Months} unknown ^{Days} unknown

Sex male Color or Race Black Birth-place unknown

Occupation Laborer Where Residing if not at place of death Balto

Married, Single or Widowed unknown Name of Wife or Husband unknown

Father's Name unknown Father's Birthplace unknown

Mother's Maiden Name unknown Mother's Birthplace unknown

Name of person giving Information — How related to deceased

CAUSES OF DEATH

93

Primary Pneumonia How long

Immediate How long

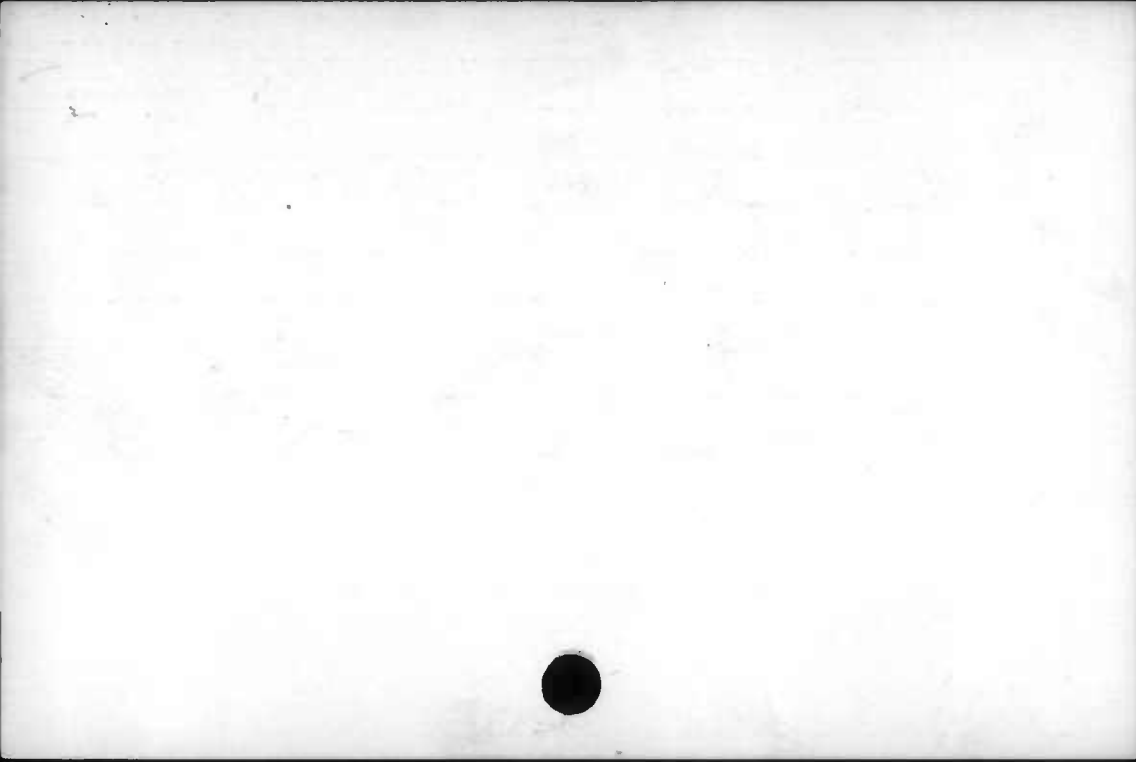
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Frank Hagelbauer

Address

Easton

PHYSICIAN
OR CORONER

Accident or Suicide



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

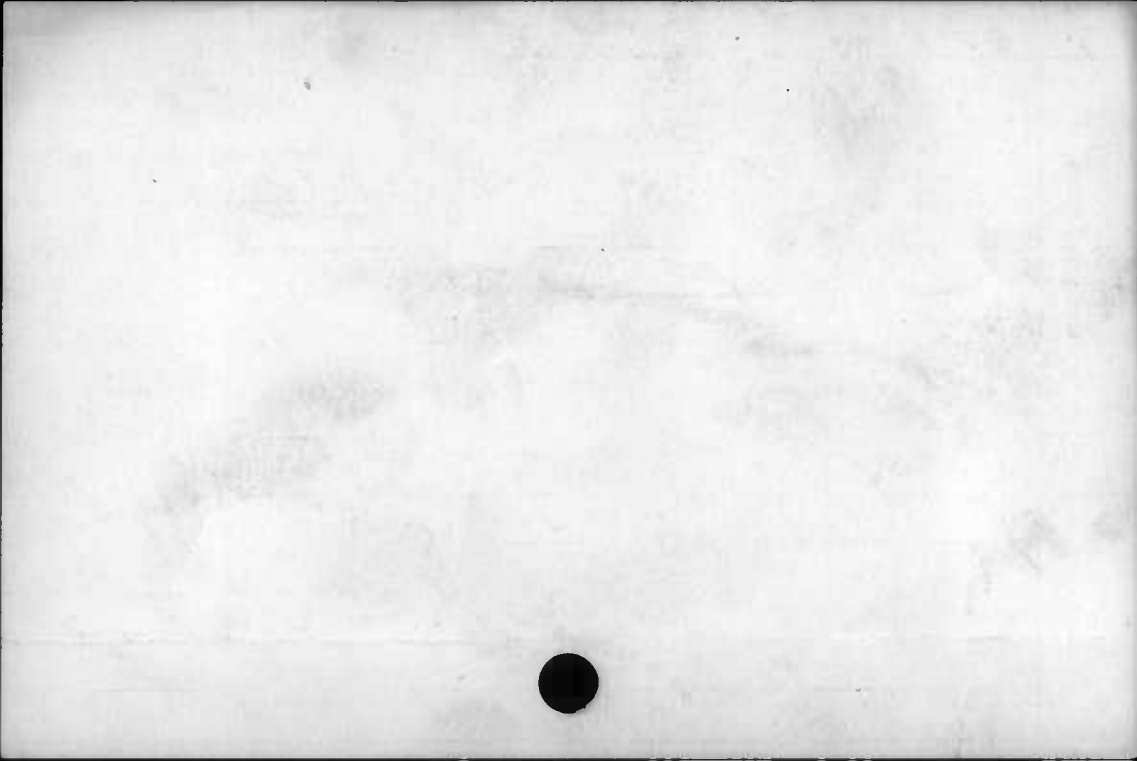
Died at <i>North East Md</i>		Town <i>Bellevue</i>		County <i>Harvey</i>		MARYLAND	
Date of death <i>1908 Sept. 20</i>		Month <i>Sept.</i>		Day <i>20</i>		Age <i>34</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>North East Md</i>		Months <i>Aug. 7</i>	
Occupation <i>Daily Labor.</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lottie L. L. L.</i>					
Father's Name <i>George Wesley Anderson</i>		Father's Birthplace <i>North East Md</i>					
Mother's Maiden Name <i>Martha Johnson</i>		Mother's Birthplace <i>North East Md</i>					
Name of person giving information <i>Mary Harris</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>1 year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>[Signature]</i>
	Address <i>[Signature]</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ther Lewisville</i>		Town <i>Beetz</i>		County <i>Leicester</i>		MARYLAND	
Date of death	1908	Month	Sept	Day	18	Age	Years 30
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Penna.</i>		Months - Days -	
Occupation <i>Farmer</i>		Where Residing if not at place of death -					
Married, Single <i>Married</i>		Name of Wife or Husband <i>Mary Louisa Beetz</i>					
Father's Name <i>Mannuel Beetz</i>		Father's Birthplace <i>Not known</i>					
Mother's Maiden Name <i>Rachael Smith</i>		Mother's Birthplace " "					
Name of person giving information <i>Mary Louisa Beetz</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Meningitis</i>	How long	<i>two days</i>
Immediate	<i>Respiratory Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L. Jarvis & Whitten</i>	
		Address <i>Lewisville, Pa</i>	
Accident or Suicide?			

116



Name
in
Full

Maryaret, R. Brumfield,

CERTIFICATE OF DEATH

Died at Rising Sun

Town

becil

County

MARYLAND

Date of death 1908

Month

Sept

Day

4

Age

Years

68

Months

Days

Sex female

Color or Race

white

Birth-place

becil bc

Occupation wife

Where Residing if not at place of death

Rising Sun md

Married, Single or Widowed married

Name of Wife or Husband

Augustus Brumfield

Father's Name

John Kirk

Father's Birthplace

becil bc

Mother's Maiden Name

Esther Reynolds

Mother's Birthplace

"

"

Name of person giving information

Hattie Foster,

How related to deceased

Sister

CAUSES OF DEATH

65

Primary

Softening of Brain

How long

2 yrs

Immediate

coma, exhaustion

How long

6 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Geo. D. Darr

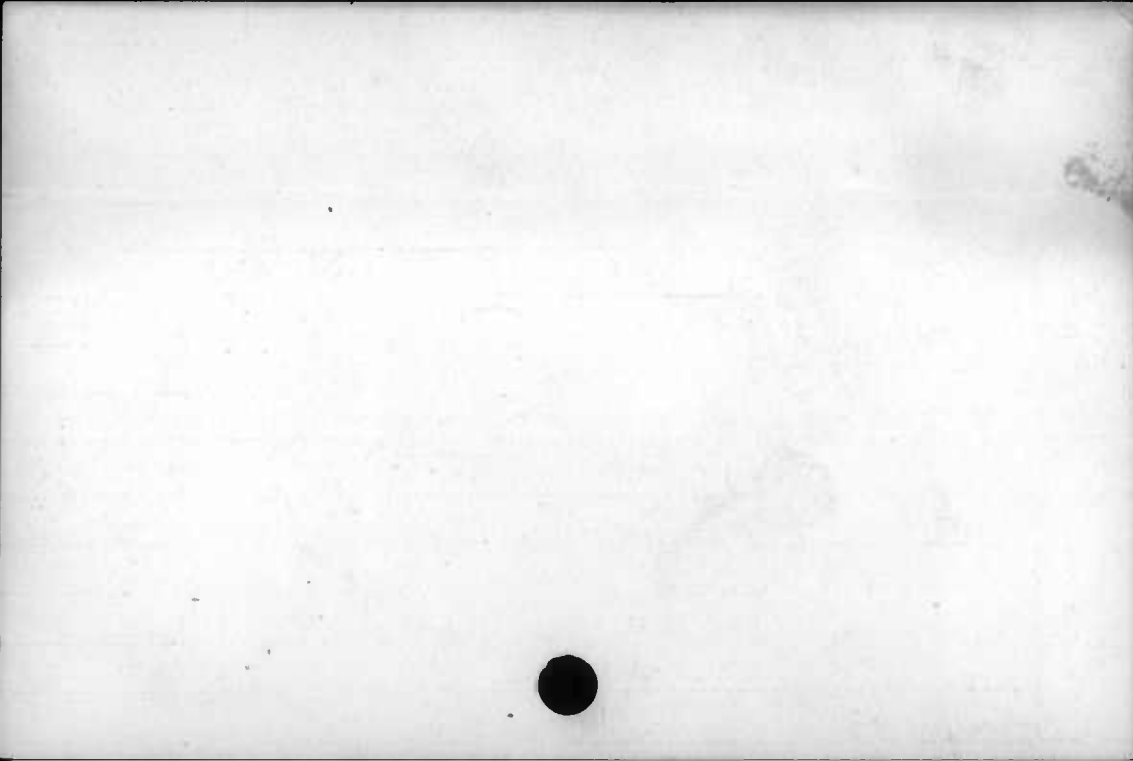
Address

Rising Sun Md

Accident or Suicide?

J

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Austin Clay
 Died at *Forbes Shore* Town *Cecil* County
 Date of death 190 *8* Month *9* Day *27* Age *11* Months *6* Days *15*
 Sex *Male* Color or Race *White* Birth-place *East Neck*
 Occupation *Not Employed* Where Residing if not at place of death *East Neck*
 Married, Single or Widowed *Single* Name of Wife or Husband
 Father's Name *Jacob R Clay* Father's Birthplace *Easton*
 Mother's Maiden Name *Mary Livamy* Mother's Birthplace *New York*
 Name of person giving Information *Father* How related to deceased

CAUSES OF DEATH

172

Primary *Accidental Drowning*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Frank J. Brown
Easton Md

Accident or Suicide

*Accidental*PHYSICIAN
OR CORONER



Name
in
Full

Ernest - W. Briggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Corters Woods* ^{Town} *Cecil* ^{County}

Date of death *1908* ^{Month} *Sept* ^{Day} *15* ^{Years} *23* ^{Months} ^{Days}

Sex *Male* Color or Race *Colored* Birthplace *Ind*

Occupation *Laborer* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Thomas Briggs*

Father's Birthplace *Ind*

Mother's Maiden Name *Pike*

Mother's Birthplace *Ind*

Name of person giving information *Thos Briggs*

How related to deceased *Father*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary *Tuberculosis*

How long

Immediate *Exhaustion*

How long

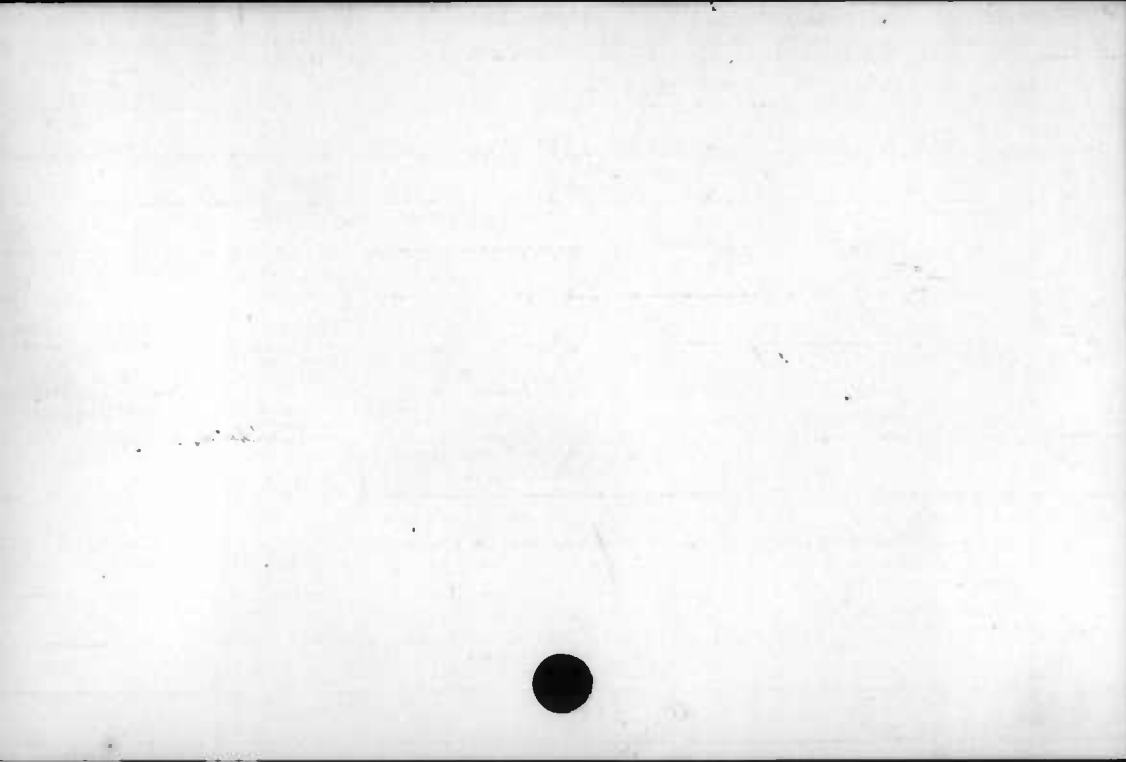
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Am. D. Hawley*

Address

Elkton

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port Deposit</i> ^{Town}		<i>Cecil</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>Sept</i> ^{Month}	<i>27</i> ^{Day}	Age <i>6</i> ^{Years}	<i>home</i> ^{Months}	<i>home</i> ^{Days}
Sex <i>female</i>	Color or Race <i>Cecil</i>		Birth-place <i>Port Deposit</i>		
Occupation <i>house</i>	Where Residing if not at place of death <i>Port Deposit</i>				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband			
Father's Name <i>Samuel Cooper</i>			Father's Birthplace <i>Philade Pa</i>		
Mother's Maiden Name <i>Elitha Smith</i>			Mother's Birthplace <i>Port Deposit</i>		
Name of person giving information <i>Charles Smith</i> <i>Grand father</i>			How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i> <i>Birth</i>	How long <i>6</i> <i>home</i>
Immediate <i>Shock</i> <i>Shock</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H E Clemens</i>
	Address <i>Port Deposit</i> <i>Ind</i>
Accident or Suicide? <i>—</i>	

CERTIFICATE

County

Town

1890

1890

March

April

May

June

Dec



Name
in
Full

William Thomas Devonshire

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

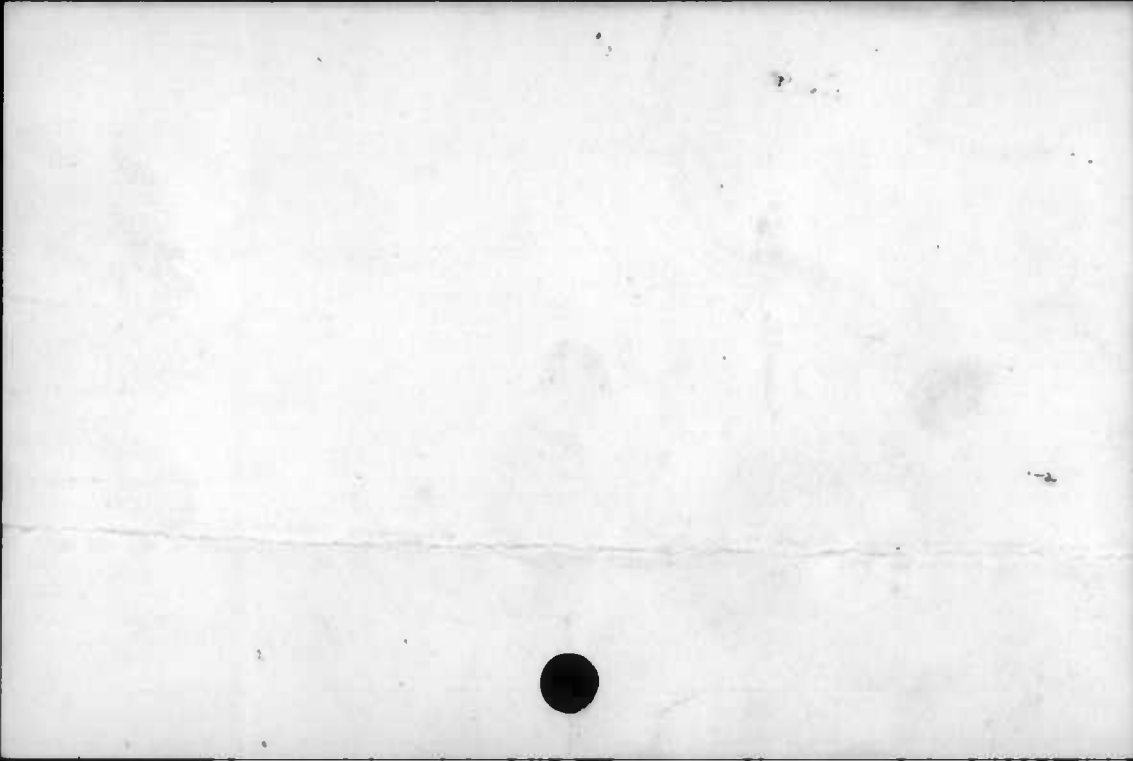
Died ^{Town} near Cabert		^{County} Cecil		MARYLAND	
Date of death	1908	Month	Sept	Day	26
Age		10		Months	11
Sex		Male		Color or Race	White
Occupation		No		Birth-place	Cabert Md.
Where Residing if not at place of death		near Cabert			
Married, Single or Widowed	Single				
Father's Name	Samuel T. Devonshire				
Mother's Maiden Name	Cora S. Reader				
Name of person giving information	Samuel T. Devonshire				
Father's Birthplace	Somers Co. Pa.				
Mother's Birthplace	Cecil Co. Md.				
How related to deceased	Father				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera Infantum	How long	6 days
Immediate	" "	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Chas. F. Miller	
Address		North East, Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Emory O Gamble -

Town *Port Deposit* County *Cal.*

Died at *Port Deposit*

Date of death *1908* Month *Sept.* Day *14* Age *22* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Delaware*

Occupation *Labron* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband *-*

Father's Name *George Gamble* Father's Birthplace *Cecil Co.*

Mother's Maiden Name *Kekiah Whitaker* Mother's Birthplace *Maryland*

Name of person giving information *Kekiah Gamble* How related to deceased *Mother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Chronic Typhoid* How long *3 yrs*

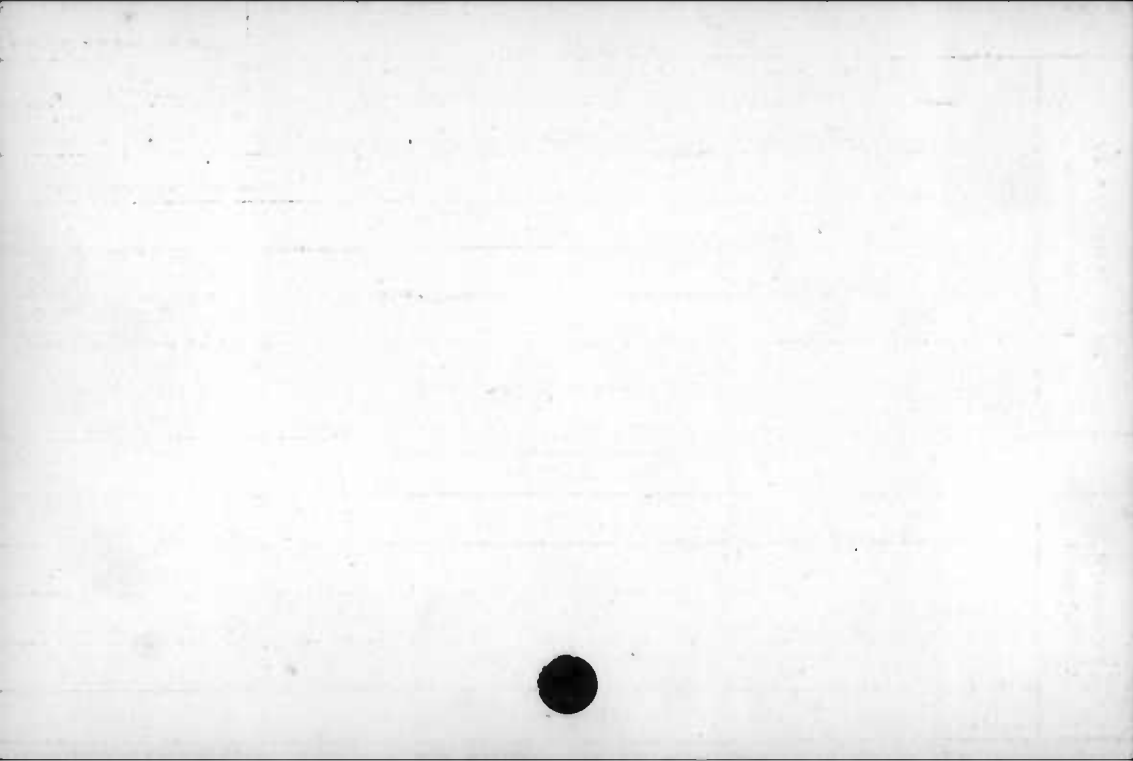
Immediate *Uraemic Convulsions* How long *6 hrs*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. E. Jack*

Address *Liberty Grove Md*

Accident or Suicide? *no*



Name
in
Full

CERTIFICATE OF DEATH

Ida E. Gerry

Town

County

Died at

Port-Deposit

Cecil

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908

Sept-

11

Age

5-3

1

Sex

Female

Color or
Race

White

Birth-
place

Port-Deposit-

Occupation

Not any

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

L. O. C. Gerry

Father's
Birthplace

New Jersey

Mother's
Maiden Name

Jane A. Tammaman

Mother's
Birthplace

" "

Name of person giving
In formation

Jane A. Gerry

How related
to deceased

Mother

CAUSES OF DEATH

66

Primary

Paralysis

How long

Superior

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

D. H. [Signature]
Port-Deposit

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary E Gibbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

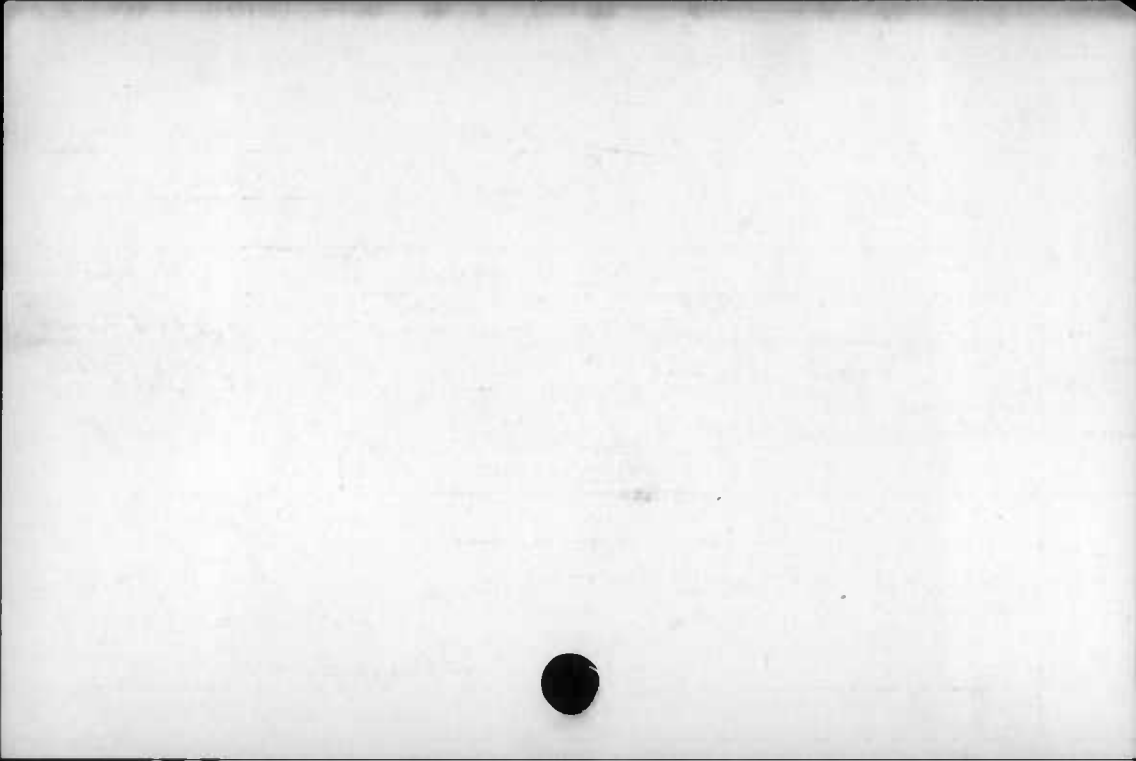
Died at		Town Chesapeake City		County Cecil		MARYLAND	
Date of death		1905	Month Sept.	Day 11	Age 47	Years -	Months -
Sex Female		Color or Race Colored		Birth-place Kent County			
Occupation Wife				Where Residing if not at place of death -			
Married, Single or Widowed			Name of Wife or Husband Andrew David Gibbs				
Father's Name			Bordley. Don't know Just now		Father's Birthplace Don't know		
Mother's Maiden Name			Don't know		Mother's Birthplace Don't know		
Name of person giving information			Andrew D Gibbs		How related to deceased His son		

CAUSES OF DEATH

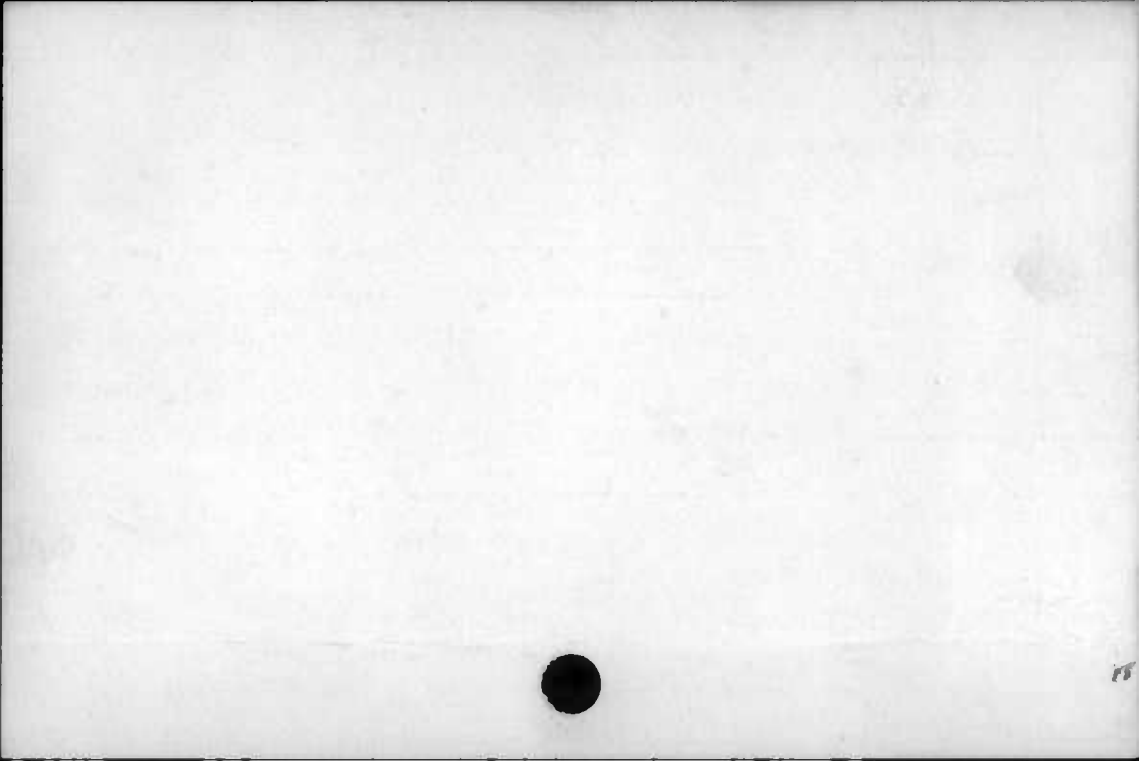
119

PHYSICIAN
OR CORONER

Primary	Nephritis	How long	seven months
Immediate	Uremic Coma	How long	two hrs
Are the name, age, sex, color, date and place correctly given above?		y/s	
Signature of Physician		J. Jackson Gray	
Address		Chesapeake City Md	
Accident or Suicide?			



Name in Full		Mary Harris				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Asylum		Cherry Hill		Cecil Co		
	Date of death	1908	Month	Sept	Day	10	Age
	34		Years	Months		Days	
	Sex	Female		Color or Race	Colored		Birth- place
	Cecilton		Occupation	Housework		Where Residing if not at place of death	
	Married, Single or Widowed		Married		Name of Wife or Husband		Ann Harris
Father's Name		Don't-know		Father's Birthplace		Don't-know	
Mother's Maiden Name		"		Mother's Birthplace		"	
Name of person giving In formation		Mrs Money		"Matron"		How related to deceased	
		None					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Tuberculosis		How long		27
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		B. H. H. H. H. H.		
	Address		H. H. H. H. H.		M. H. H. H. H.		
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

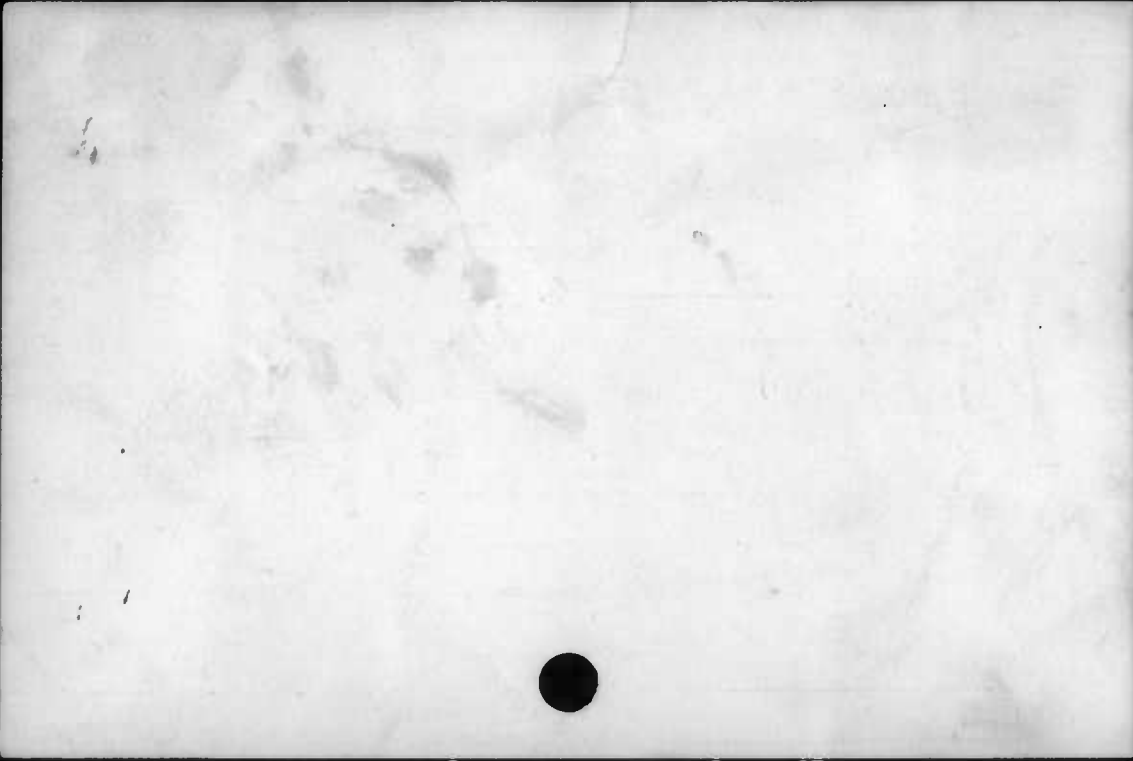
Died at <i>Port-^{Town} M^{aryland}</i>		County <i>Bees</i>		MARYLAND	
Date of death	1908	Month	Sept-	Day	24
Age	51	Years		Months	1
				Days	14
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Cambridge Md</i>
Occupation	<i>House Work</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband			
Father's Name	<i>Harry Watkins</i>			Father's Birthplace	<i>Cambridge Md</i>
Mother's Maiden Name	<i>Mattie Bar</i>			Mother's Birthplace	<i>Easton Md</i>
Name of person giving information	<i>Harriet Jones</i>			How related to deceased	<i>Sister</i>

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<i>Hemiplegia</i>	How long	<i>9 days</i>
Immediate	<i>Stroke</i>	How long	<i>6 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>H. E. Clemens</i>	
		Address	
		<i>Port M^{aryland}</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

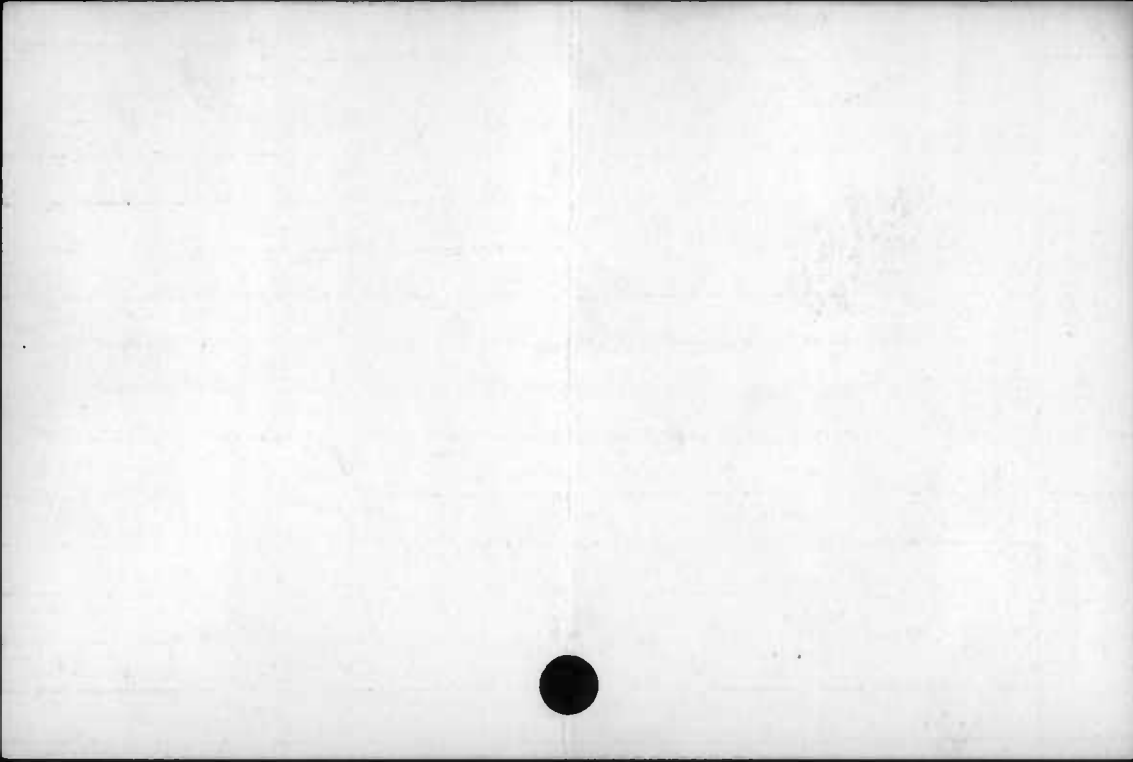
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Sept	3	65			
Sex		Color or Race		Birth-place			
Male		White		Phila Pa			
Occupation				Where Residing if not at place of death			
Farmer							
Married, Single or Widowed		Name of Wife or Husband					
Married		Eleanor L Kirkpatrick					
Father's Name		Father's Birthplace					
John Kirkpatrick		Ireland					
Mother's Maiden Name		Mother's Birthplace					
Rebecca F. Hughes		Unknown					
Name of person giving information		How related to deceased					
Eleanor L. Kirkpatrick		Wife					

CAUSES OF DEATH

65

PHYSICIAN
OR CORONER

Primary	Paralysis of Right side	How long	3 yrs
Immediate	Softening of the Brain	How long	1 year
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		D. L. Gifford	
		Address	
		Zabner	
Accident or Suicide?		Md	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>John Leighmon</i>		Town <i>North East</i>		County <i>Becl</i>		MARYLAND	
Date of death	1908	Month	Sept-	Day	21.	Age	69
Sex	Male		Color or Race	White		Months	9
Birthplace	Principio Annae		Days	21			
Occupation	Carpenter		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	M. Dr. Leighmon			
Father's Name	Henry Leighmon		Father's Birthplace	Germany			
Mother's Maiden Name	Hanna Frederick		Mother's Birthplace	Germany			
Name of person giving Information	M. Dr. Leighmon		How related to deceased	Wife			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Trouble</i>	How long	<i>79</i>
Immediate		How long	<i>8 Mo</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>L. F. Hammock</i>	
		Address	
		<i>North East</i>	
		<i>MD</i>	
Accident or Suicide			



Name
in
Full

Ellwood Leindray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Perryville Town Cecil County

Date of death 1908 / Sept - 11 / 11 Age 5-3 Months — Days —

Sex Male Color or Race White Birth-place Media Pa

Occupation Engineer Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Netta Leindray

Father's Name Geo Leindray Father's Birthplace Unknown

Mother's Maiden Name Mary King Mother's Birthplace Id

Name of person giving information Jennie Wesley How related to deceased Sister

CAUSES OF DEATH

80

PHYSICIAN
OR CORONER

Primary Nervous trouble & Debility. How long Some time

Immediate Angina Pectoris How long Few hours

Are the name, age, sex, color, date and place correctly given above?

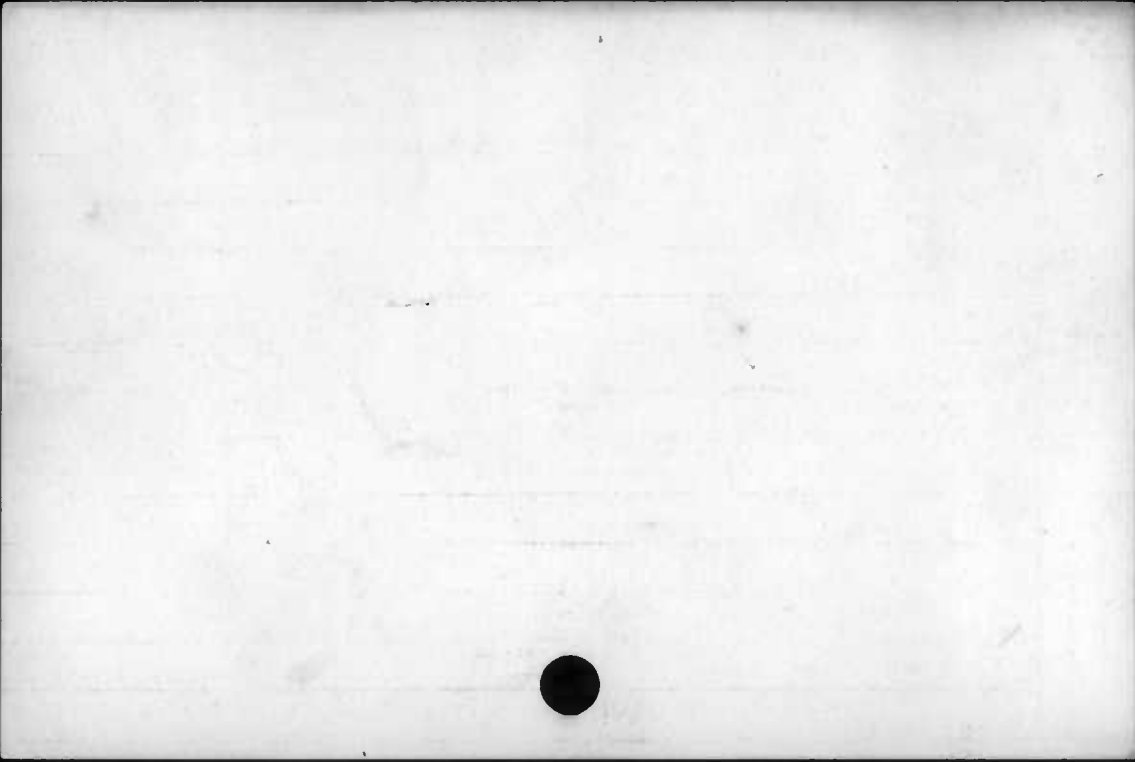
Yes

Signature of Physician

Address

L. G. Taylor,
Perryville,

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cherry Hill</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death 190 <i>8</i> Month <i>9</i> Day <i>4</i>		Age <i>62</i> Years		Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary	<i>Dysentery</i>	How long	<i>2 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>4 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. J. Corrie MD</i>	
<i>Yes</i>		Address <i>Cherry Hill MD</i>	
Accident or Suicide?			

213

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary B. Seysmith

Town *Leeds* County *Cecil* MARYLAND

Died at

Date of death 1908 Month *9* Day *14* Age *74* Years Months *8* Days

Sex *Female* Color or Race *White* Birth-place *Howard Co. Md.*

Occupation *-* Where Residing if not at place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *John Seysmith*

Father's Name *John H. Owens* Father's Birthplace *Maryland*

Mother's Maiden Name *Amunda C. Bayle* Mother's Birthplace *Maryland*

Name of person giving Information *Edgar A. Seyonbuch* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

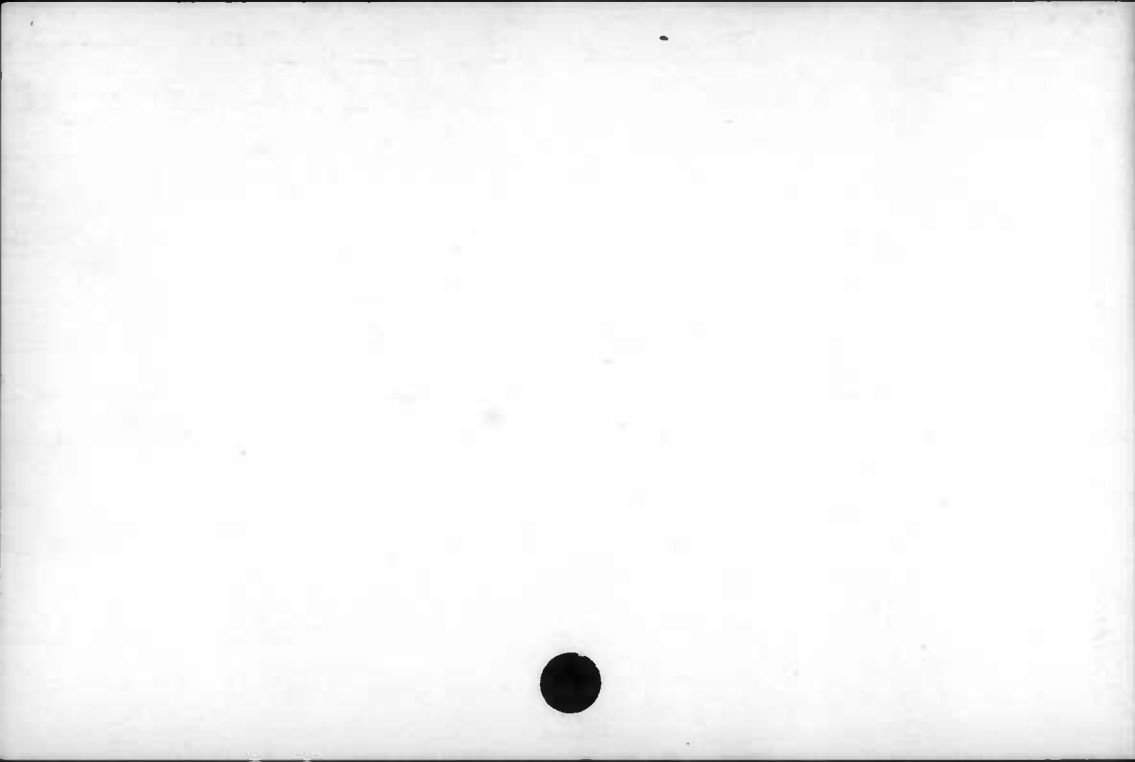
Primary *Arterio Sclerosis* How long *2 yrs*

Immediate *Exhaustion* How long *2 wks.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. Arthur Mitchell M.D.* Address *Elkton Md.*

Accident ☒ Suicide



Name
in
Full

CERTIFICATE OF DEATH

Mrs Rebecca Lynch
Bay view
Cecil

MARYLAND

Died at

Date

of death

190

8

Sept

Month

Day

23

Age

Years

5-9

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Cecil Co

Occupation

Housewife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

James Lynch

Father's
Name

Joseph Lyon

Father's
Birthplace

Kentdown

Mother's
Maiden Name

Mary Abrams

Mother's
Birthplace

"

Name of person giving
In formation

James Lynch

How related
to deceased

Husband

CAUSES OF DEATH

64

Primary

Apoplexy

How long

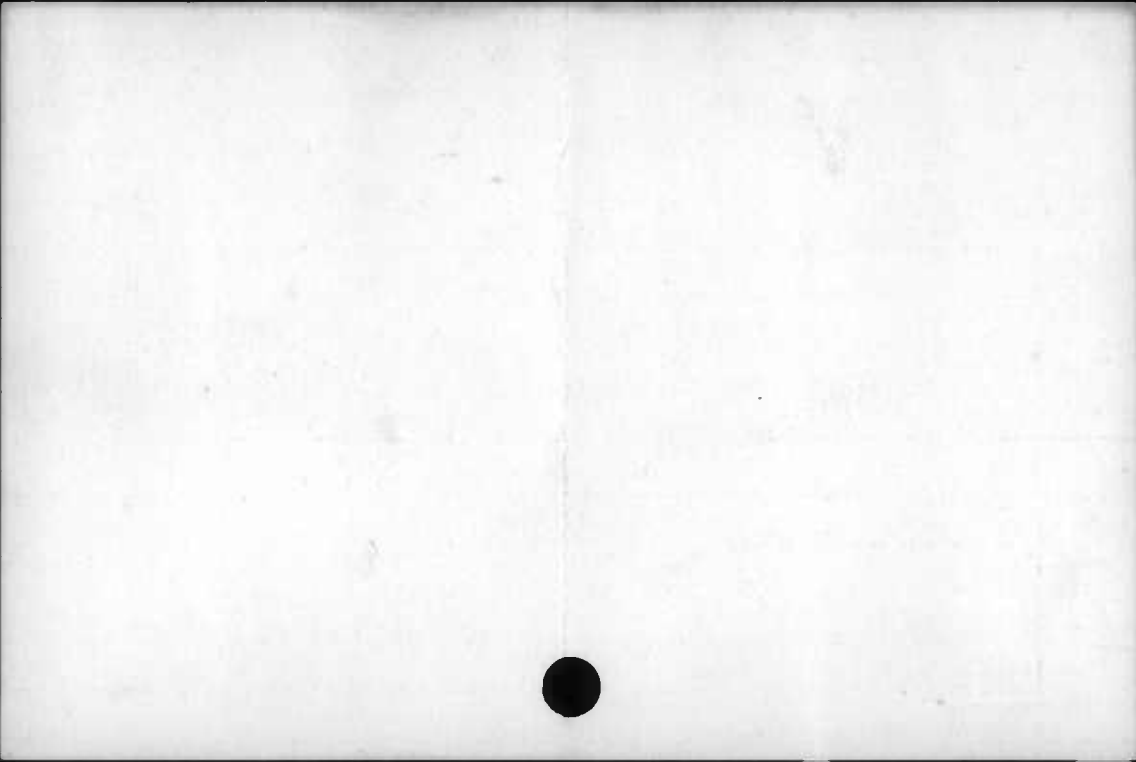
Immediate

How long

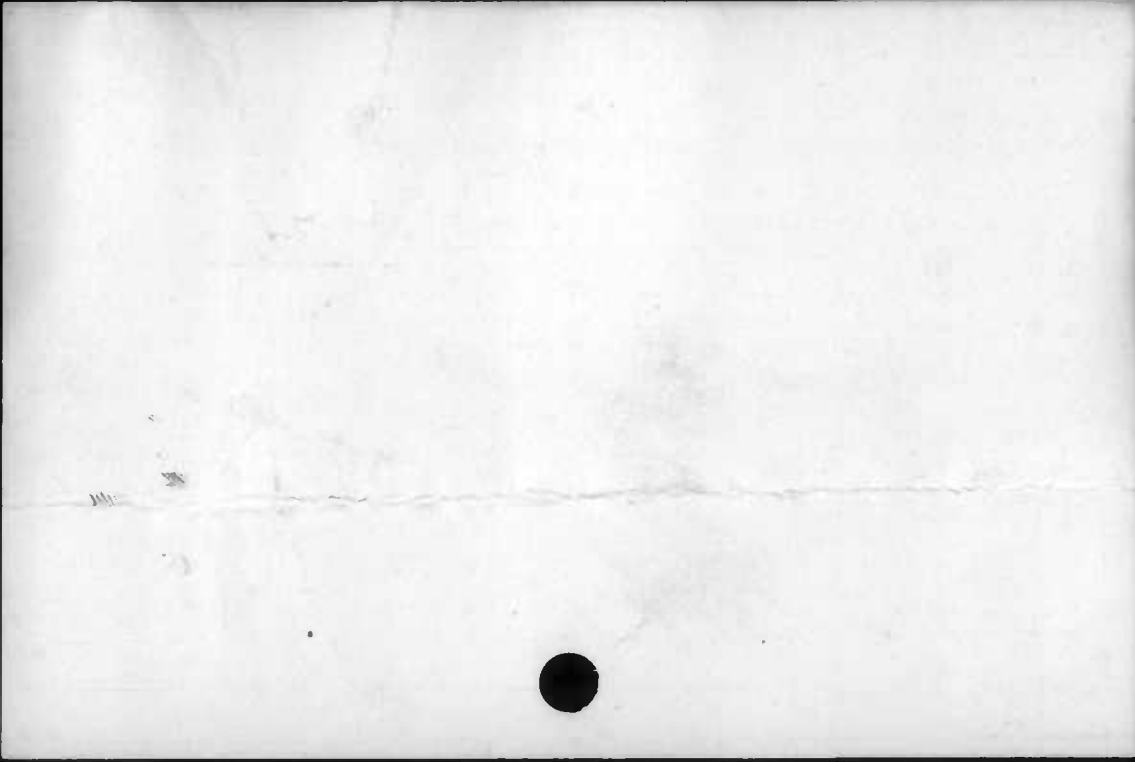
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

B. A. ...
M. ...TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Abram H. Morris				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Gion		County		MARYLAND	
	Date of death	1908	Month Sept.	Day 1	Age 76	Months 1	Days 5
	Sex	Male		Color or Race	White		
	Occupation	Farmer		Birth-place	Concord Pa.		
	Where Residing if not at place of death		Gion				
	Married, Single or Widowed	Married		Name of Wife or Husband	Claretta Morris		
	Father's Name	Benjamin Morris				Father's Birthplace	England
	Mother's Maiden Name	Edith Palmer				Mother's Birthplace	Don't know
Name of person giving information	Claretta Morris				How related to deceased	Wife	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">40</div>							
PHYSICIAN OR CORONER	Primary	Cancer of Stomach				How long	About one year
	Immediate	"				How long	"
	Are the name, age, sex, color, date and place correctly given above?	Yes.				Signature of Physician	Chas. F. Miller,
	Address	North East, Ind.					
Accident or Suicide? 9							



Name
in
Full

Cecil Peters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

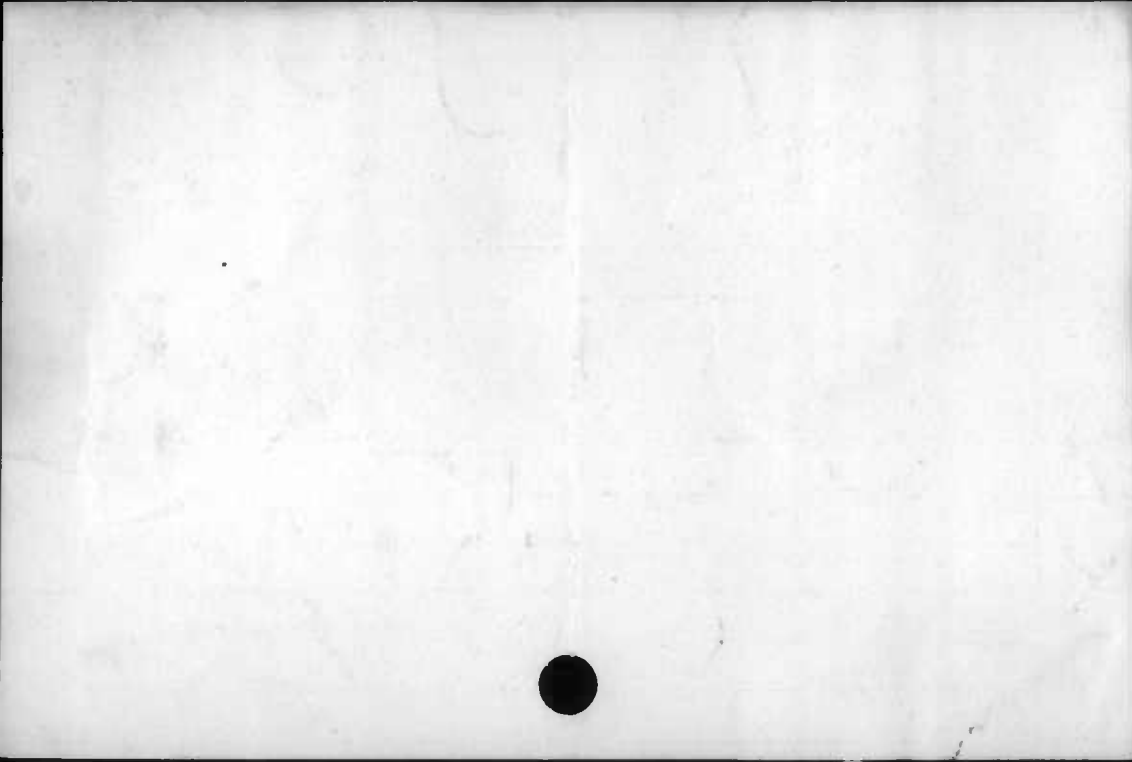
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Sept-	12	22			
Sex		Color or Race		Birth-place			
male		Colored		Cenowings			
Occupation				Where Residing if not at place of death			
Laborer				Cenowings			
Married, Single or Widowed		Name of Wife or Husband					
single		None					
Father's Name				Father's Birthplace			
Cecil Peters				Cenowings			
Mother's Maiden Name				Mother's Birthplace			
Eliza Brown				Pilot			
Name of person giving information				How related to deceased			
Eliza Peters				Mother			

CAUSES OF DEATH

48

PHYSICIAN
OR CORONER

Primary	Rheumatism & General Debility	How long	sick about 3 years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		W B Jordan M.D.	
		Address	
		Liberty Grove Ind.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

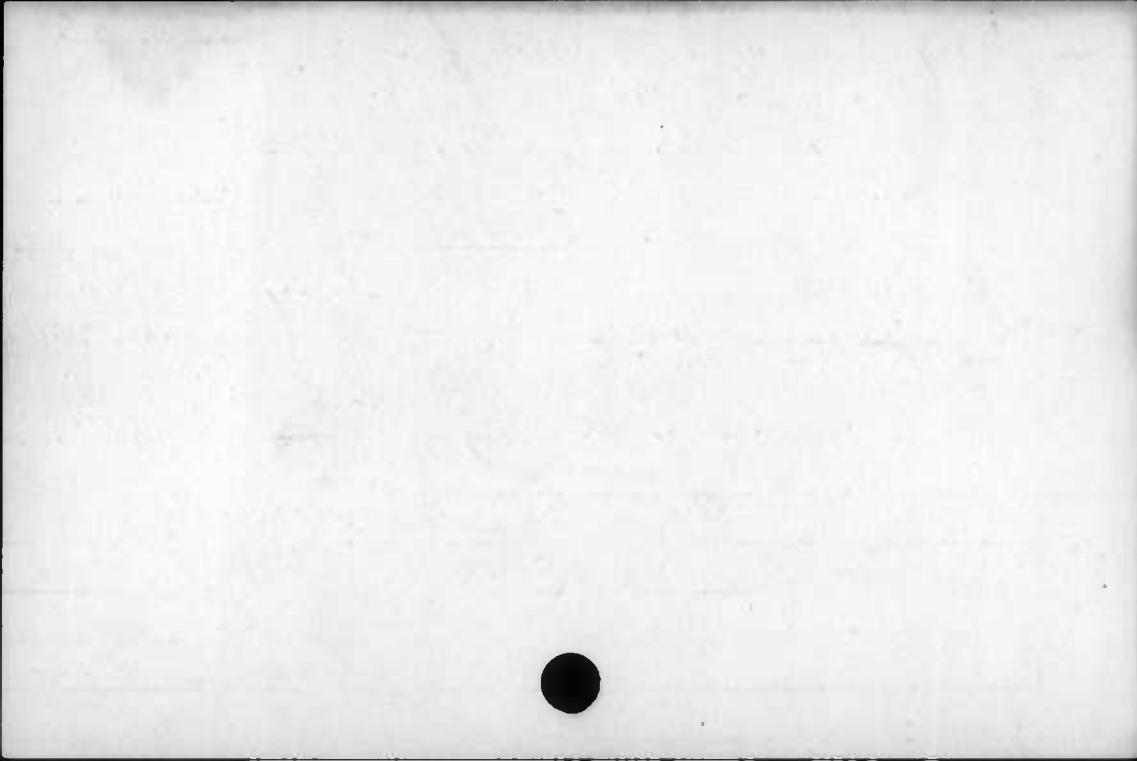
Name in Full <i>Mary Emma Reading</i>		Town <i>near Chesapeake City</i>		County <i>Cecil 2nd dist</i>		STATE MARYLAND	
Died at		Month <i>9</i>		Day <i>25</i>		Age <i>71</i>	
Date of death <i>190</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>			
Occupation <i>Wife</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William Henry Reading</i>					
Father's Name <i>George Miner</i>		Father's Birthplace <i>Bohemia, Maryland</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Anne E Reading</i>		How related to deceased <i>Daughter</i>					

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

40

PHYSICIAN OR CORONER	Primary	<i>Gastric Carcinoma</i>	How long <i>about 5 Mo.</i>
	Immediate	<i>Gastric Carcinoma</i>	How long <i>about 5 Mo.</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Philo G. Laws M.D.</i>
			Address <i>Chesapeake City Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

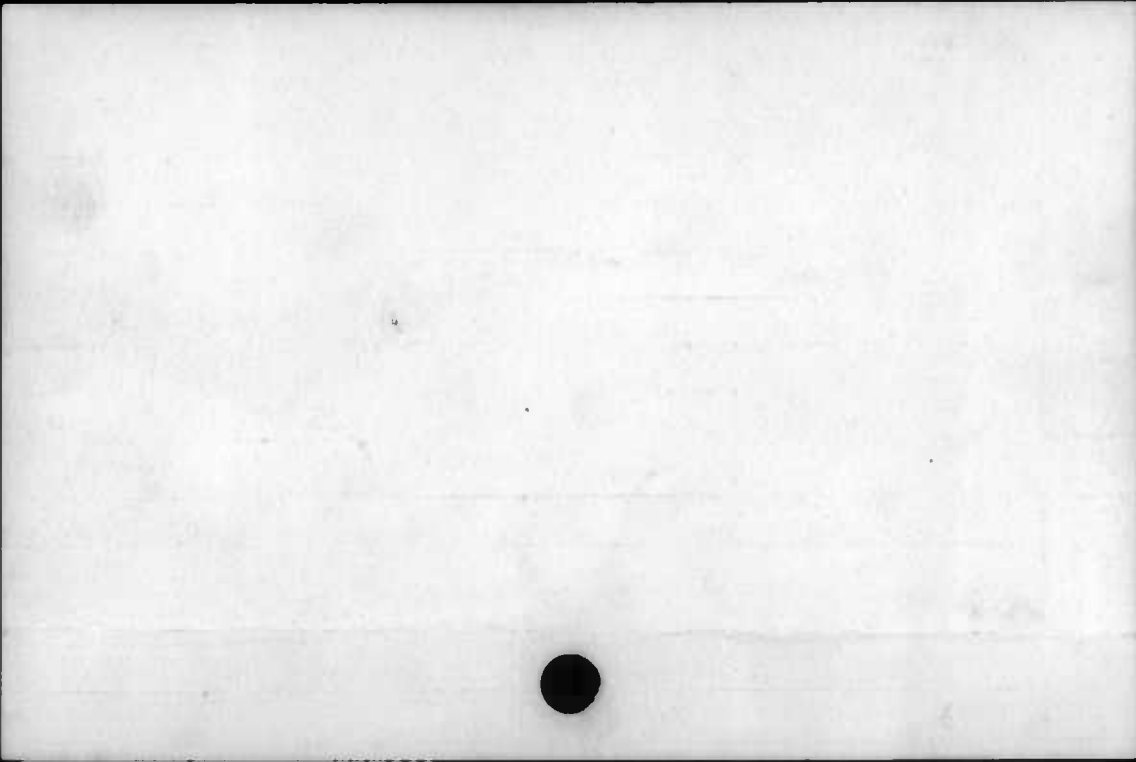
Died at		Town <i>North East</i>		County <i>of Cecil</i>		MARYLAND	
Date of death		Month <i>Sept</i>	Day <i>24</i>	Age <i>24</i>	Years <i>12</i>	Months <i>12</i>	Days <i>12</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>North East</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Joseph D. Shallcross</i>				Father's Birthplace <i>North East</i>			
Mother's Maiden Name <i>Mary C. Bartley</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Joseph D. Shallcross</i>				How related to deceased <i>Parents</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<i>Morassimus</i>	How long <i>one month</i>
Immediate	<i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>L. F. Hamrick</i>
		Address <i>North East</i>
Accident or Suicide? <i>no</i>		<i>no</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

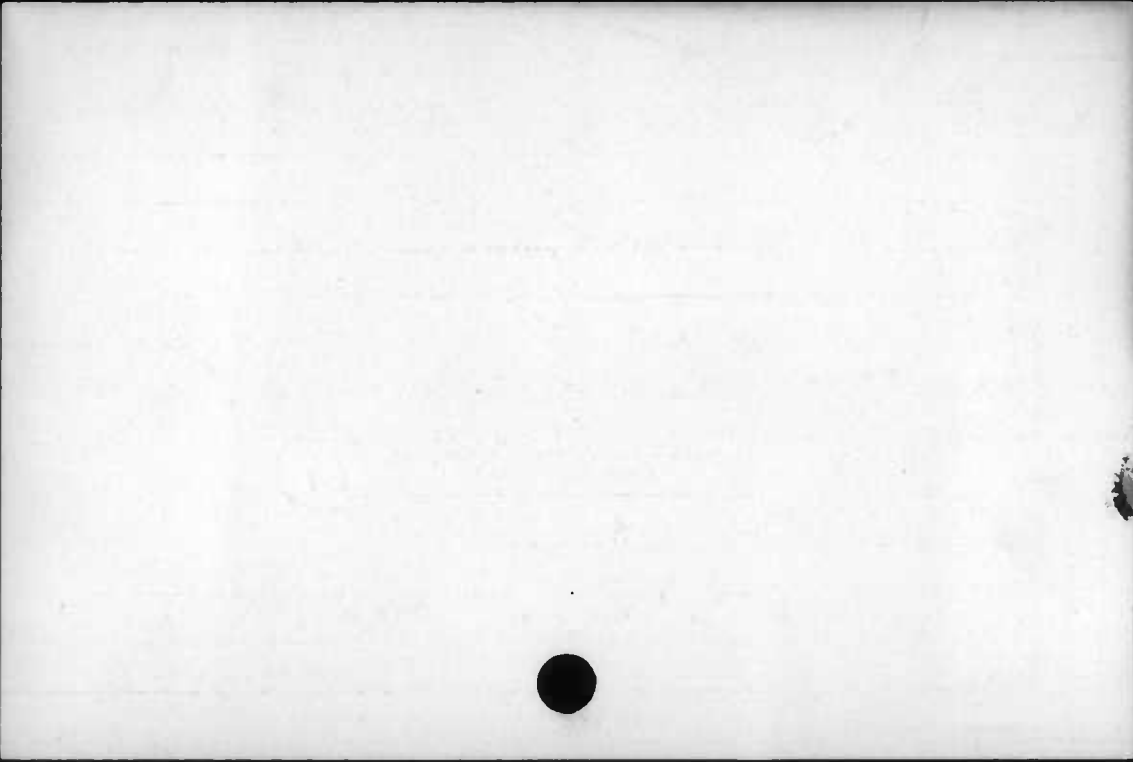
Name in Full <i>Mary In Smithson</i>		Town <i>Port Deposit</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>Port Deposit</i>		Month <i>Sept</i>		Day <i>11</i>		Years <i>37</i>	
Date of death <i>1908</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Port Deposit</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rumney Smithson</i>					
Father's Name <i>Thomas Armstrong</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Caroline Hiblock</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>Rumney Smithson</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary <i>Menaritis</i>	How long <i>36 hours</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. H. Fisher</i>
	Address <i>Port Deposit Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Daisy C Smicha

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elk Neck</u>		Town <u>Elk Neck</u>		County <u>Seal</u>		●		MARYLAND	
Date of death <u>1908</u>		Month <u>Sept</u>		Day <u>12</u>		Age <u>21</u>		Years <u>3</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birthplace <u>Elk Neck</u>					
Occupation <u>House Keeper</u>		Where Residing if not at place of death							
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Roco Smicha</u>							
Father's Name <u>Lewis G McCall</u>		Father's Birthplace <u>Elk Neck</u>							
Mother's Maiden Name <u>Carrie C Clark</u>		Mother's Birthplace <u>Elk Neck</u>							
Name of person giving Information <u>Carrie C McCall</u>		How related to deceased <u>Mother</u>							

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <u>Gastritis</u>	How long <u>6 or 8 hours</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>B. H. H. H. H.</u>
	Address <u>H. H. H. H.</u>
Accident or Suicide	<u>724</u>

Hart Church

Name
in
Full

Bessie G Finch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Warwick ^{Town} local ^{County}
 Date of death 1908 ^{Month} Sep ^{Day} 4 Age 0 ^{Years} 5 ^{Months} 0 ^{Days}
 Sex Female Color or Race colored Birth-place Near Warwick
 Occupation _____ Where Residing if not at place of death Warwick, Md

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

James Finch

Father's
Birthplace

Cecil Co Md

Mother's
Maiden Name

Susan Sewal

Mother's
Birthplace

Cecil Co Md

Name of person giving
Information

James Finch

How related
to deceased

Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Dysentery

How long

4 weeks

Immediate

Enteritis

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

yes

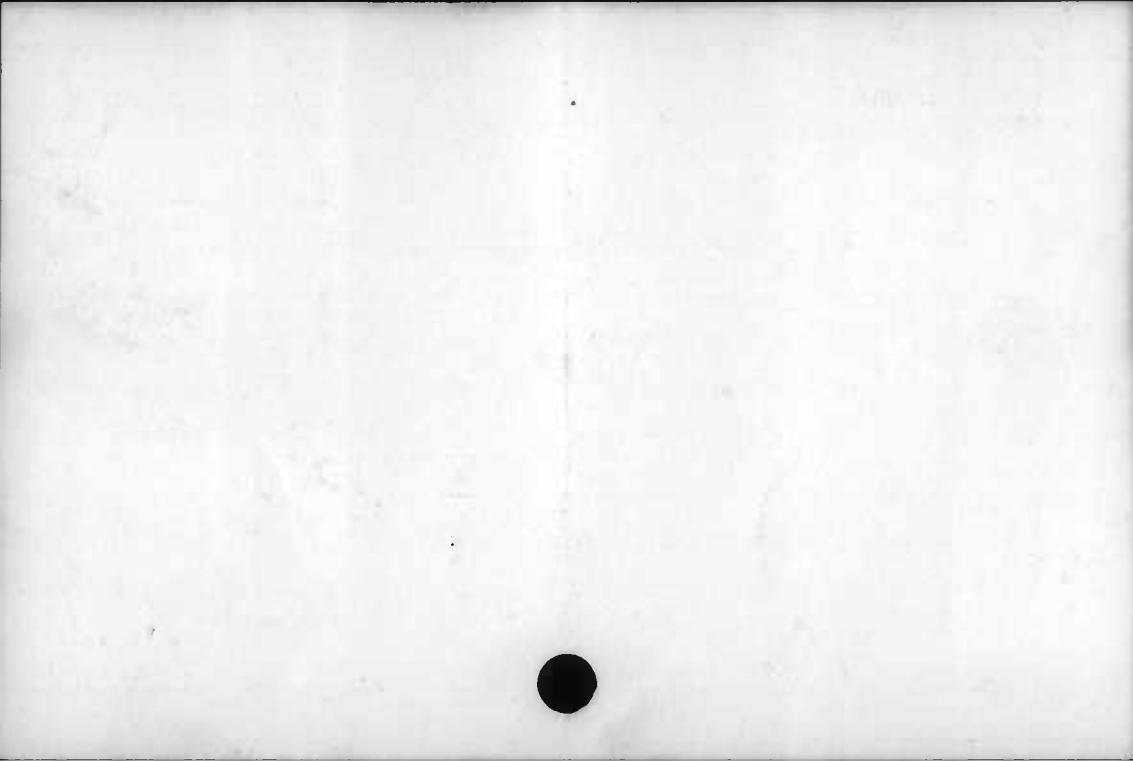
Signature of
Physician

Address

J J Hough MD
Warwick Md

Accident or Suicide?

no



Name
in
Full

Lidie B. Dong

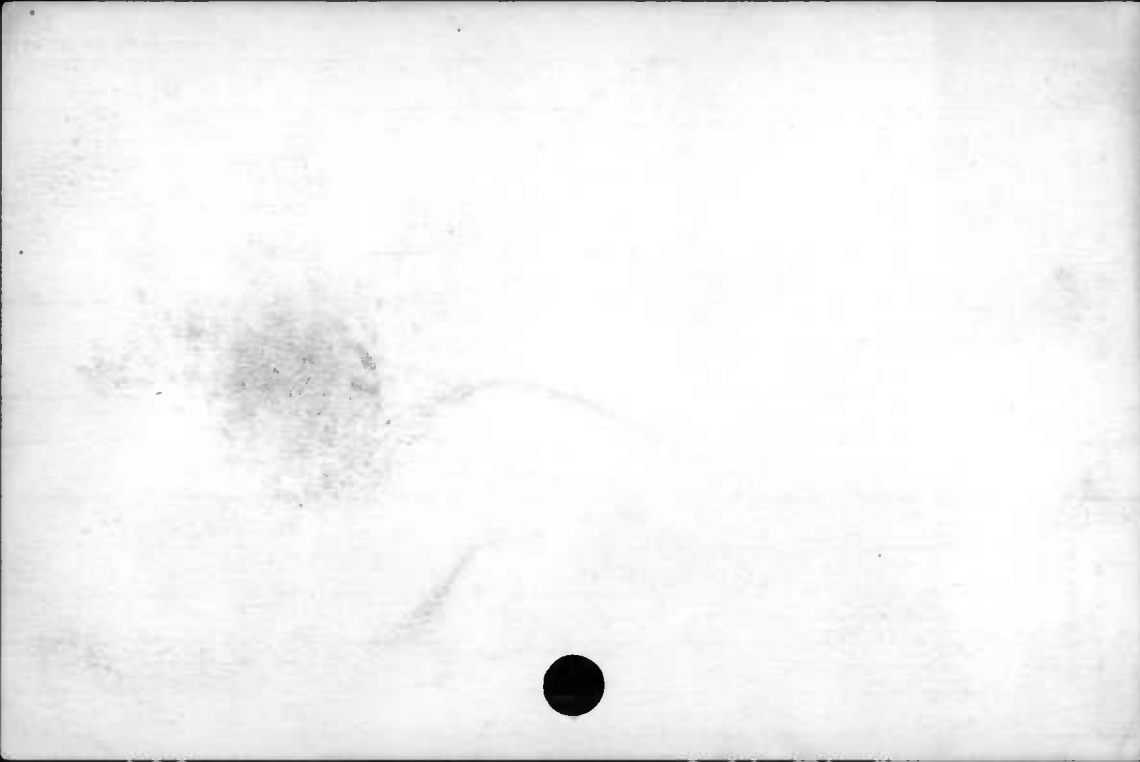
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Castorville* Town *Cecil* County **MARYLAND**Date of death 1908 *Sept 25* Month *25* Day *25* Age *24* Years Months DaysSex *Female* Color or Race *White* Birthplace *Ind*Occupation *Housewife* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *John Dong* Father's Birthplace *Ind*Mother's Maiden Name *Mary McCauley* Mother's Birthplace *Ind*Name of person giving Information *Mary Dong* How related to deceased *Mother*

CAUSES OF DEATH

27

PHYSICIAN
OR CORONERPrimary *Tuberculosis* How longImmediate *Exhaustion* How longAre the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Wm D. Hawley*Address *Cecil*Accident or Suicide *md*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

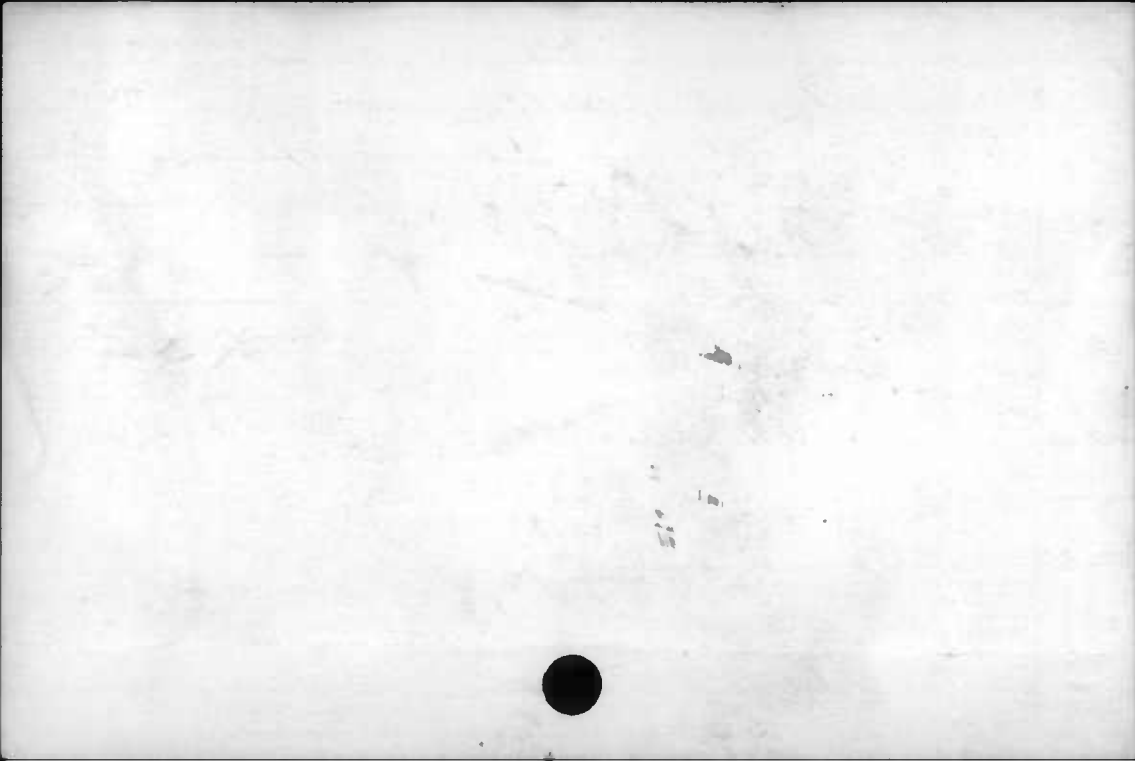
Died at <i>Elk Neck</i>		Town <i>Cecil</i>		County		MARYLAND							
Date of death <i>1908</i>		Month <i>Sept</i>		Day <i>18</i>		Age <i>19</i>		Years <i>4</i>		Months		Days	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Elk Neck</i>									
Occupation <i>Labor</i>		Where Residing if not at place of death <i>Elk Neck</i>											
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband											
Father's Name <i>Walter Warington</i>		Father's Birthplace <i>Virginia</i>											
Mother's Maiden Name <i>Mary Jane Johnson</i>		Mother's Birthplace <i>Elk Neck</i>											
Name of person giving Information <i>Harry Warington</i>		How related to deceased <i>Father</i>											

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>3 years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. J. Hamrick</i>
	Address <i>North East Md</i>
Accident or Suicidal	



Name
in
Full

Jacob L Warner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

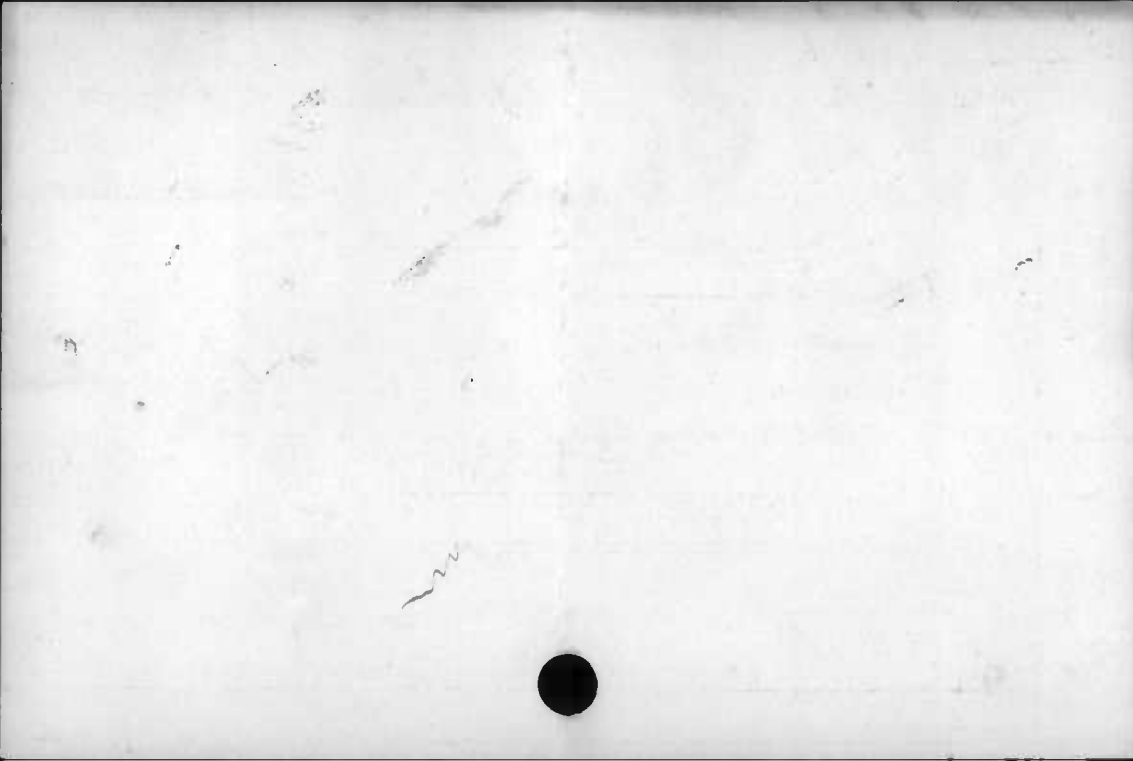
Died at <i>Mount Pleasant</i>		County <i>Lees</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Sept</i>	Day <i>22nd</i>	Age <i>84</i>	Months	Days <i>27</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Lancaster Co Pa</i>		
Occupation <i>School Teacher</i>	Where Residing if not at place of death <i>Mount Pleasant</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Susanna Warner</i>				
Father's Name <i>Richard Warner</i>	Father's Birthplace <i>Harford Co Md</i>				
Mother's Maiden Name <i>Susan Butler</i>	Mother's Birthplace <i>Lancaster Co Pa</i>				
Name of person giving information <i>Margaret Woodrow</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary <i>Acute Paralysis</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. S. Rowland</i>
<i>Q</i>	Address <i>Liberty Grover Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

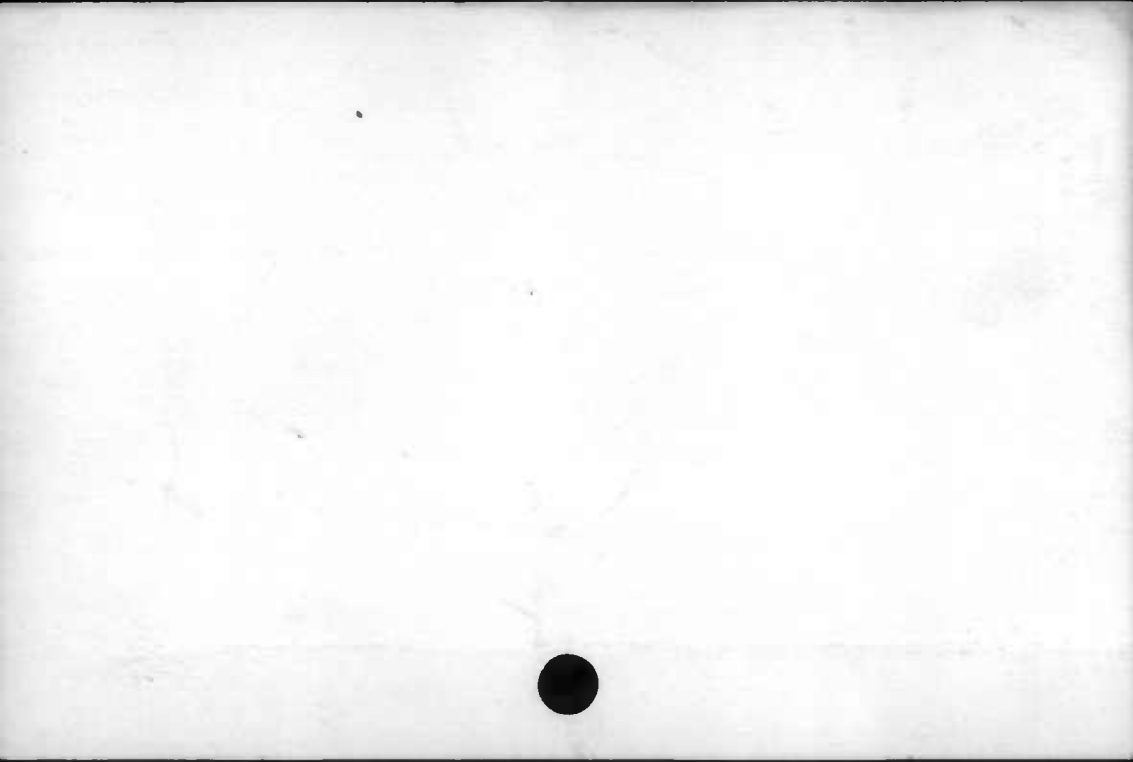
Name <i>J. Stewart Wells</i>		Town <i>North East</i>		County <i>Cecil</i>		State MARYLAND	
Died at		Month <i>Sept.</i>		Day <i>5</i>		Years <i>23</i>	
Date of death 190 <i>8</i>		Months <i>—</i>		Days <i>19</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Harre de Grace</i>			
Occupation <i>Book. keeper</i>		Where Residing if not at place of death <i>— — — — —</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Ira Wells</i>		Father's Birthplace <i>Harford Co.</i>					
Mother's Maiden Name <i>Annie Emmerich</i>		Mother's Birthplace <i>Pennsylvania</i>					
Name of person giving Information <i>Ira Wells</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>10 days</i>
Immediate <i>Heart trouble</i>	How long <i>Several chills</i>
Are the name, age, sex, color, date and place correctly given above? <i>9</i>	Signature of Physician <i>L. F. Hamrick</i>
	Address <i>North East</i>
Accident or Suicide	



Name
in
Full

Richard Whittingham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eastonville</i>		County <i>Cecil</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	Sept-	21	Age 84		
Sex	Color or Race	Birth-place			
Male	White	New York City			
Occupation	Where Residing if not at place of death				
Minister					
Married, Single or Widowed	Name of Wife or Husband				
Married	Sarah R Whittingham				
Father's Name	Father's Birthplace				
Richard Whittingham	England				
Mother's Maiden Name	Mother's Birthplace				
Mary Robinson	New York				
Name of person giving Information	How related to deceased				
Louise Whittingham	Daughter				

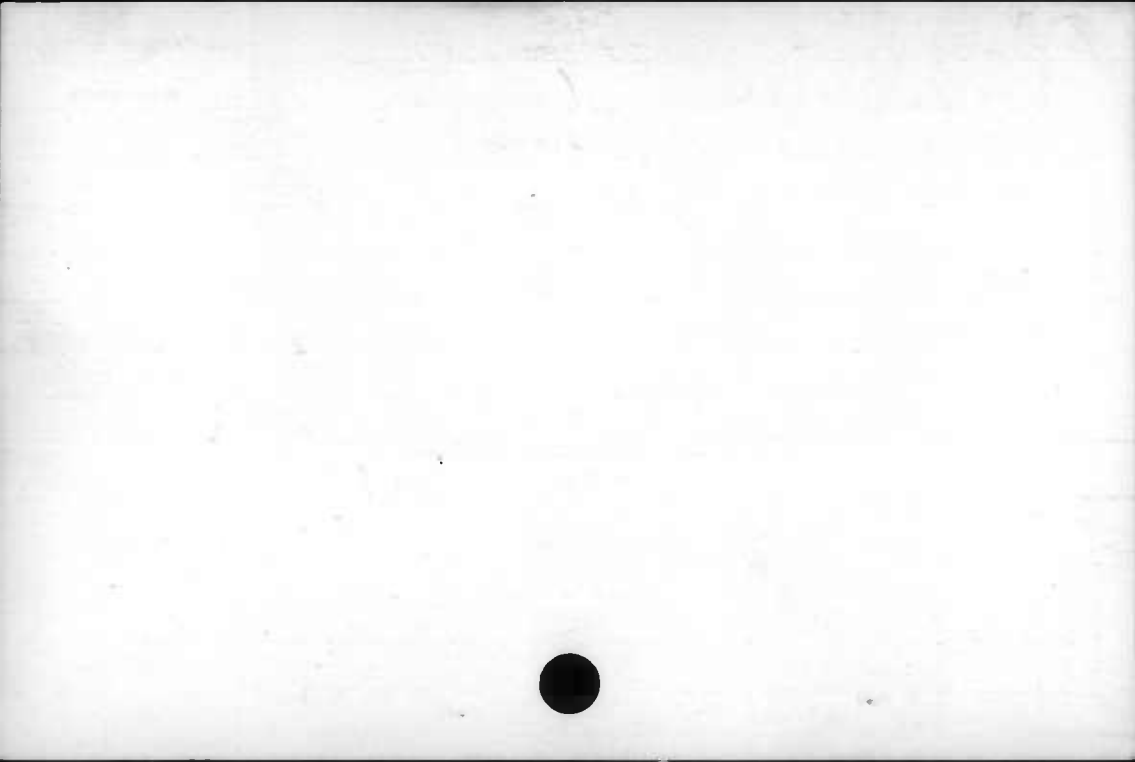
CAUSES OF DEATH

123

How long

PHYSICIAN
OR CORONER

Primary	Informal of 92	How long	
Immediate	Cy. to be	How long	7 years
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address	
	Geo. M. Stump	Perryville Md	
Accident or Suicide			



Name
in
Full

~~Edith~~ *Amos Wilson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

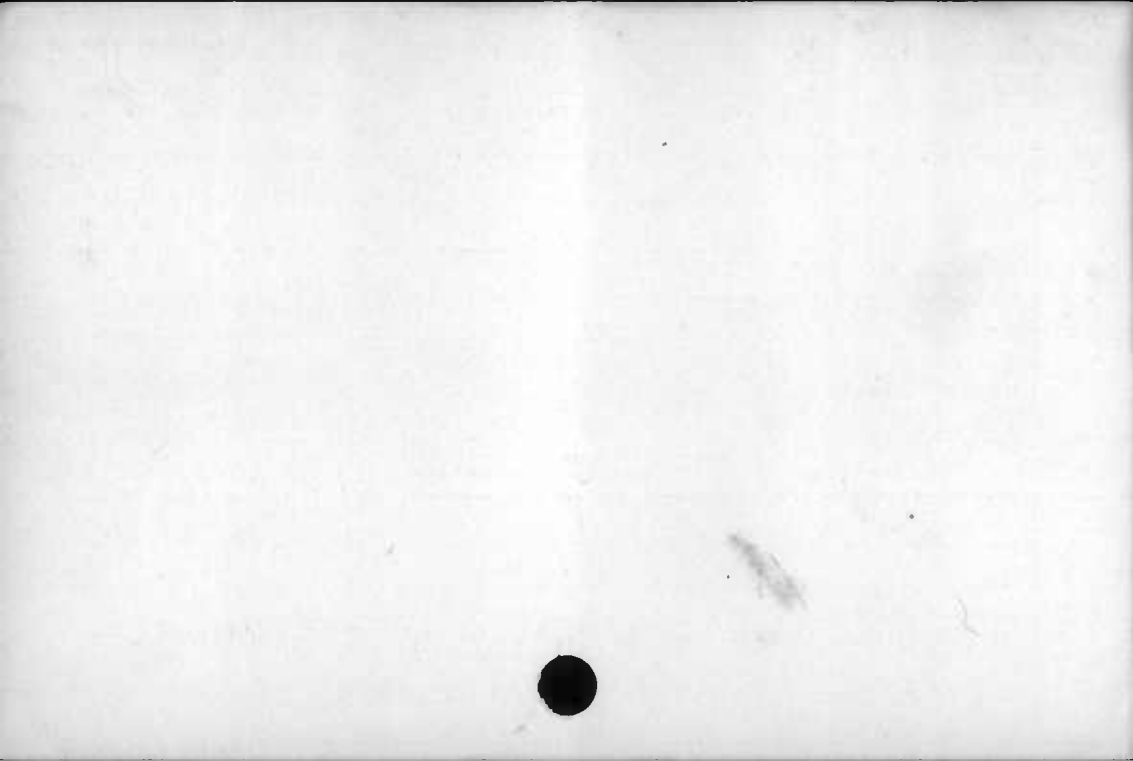
Died at <i>Harwick</i>		County <i>ecil</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Sep</i>	Day <i>18</i>	Age <i>75</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>White American</i>		Birth-place <i>Hockessin Pa</i>		
Occupation <i>Contractor</i>		Where Residing if not at place of death <i>Harwick Md</i>			
Married, single or Widowed	Name of Wife or Husband <i>Josephine Wilson</i>				
Father's Name <i>Samuel Wilson</i>	Father's Birthplace <i>Not Known</i>				
Mother's Maiden Name <i>Mary Person</i>	Mother's Birthplace <i>Not Known</i>				
Name of person giving information <i>Josephine Wilson</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Enteric Catarrh</i>	How long <i>Six Months</i>
Immediate <i>Congestion of Lungs</i>	How long <i>12 Hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. J. Wright</i>
	Address <i>Harwick Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Elizabeth Winchester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Perryville Town Cecil County MARYLAND

Date of death 190 8 Sept Month 8 Day Age 69 Years Months — Days —

Sex Female Color or Race White Birth-place Lamacua Pa

Occupation Housekeeping Where Residing if not at place of death —

Married, Single or Widowed Widowed Name of Wife or Husband John Winchester

Father's Name Peter Martini Father's Birthplace Ireland

Mother's Maiden Name Margaret Lynch Mother's Birthplace "

Name of person giving Information Lydia Buckley How related to deceased Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis How long 65

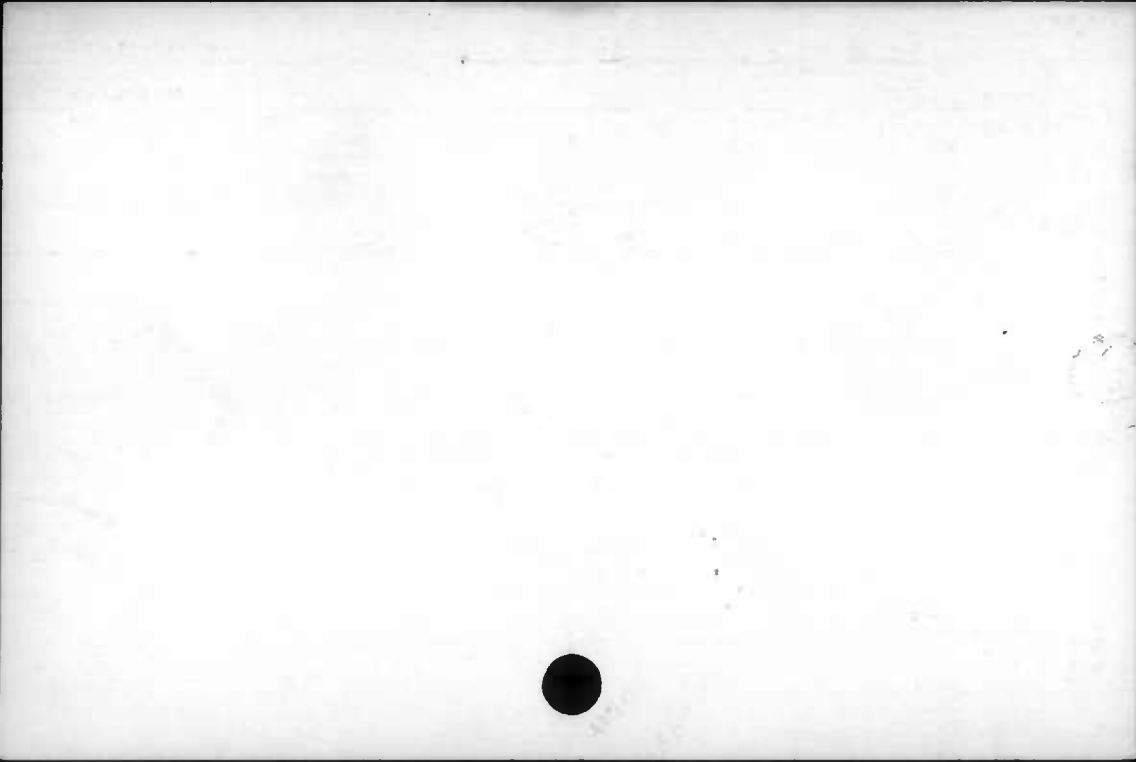
Immediate Cerebral softening How long Year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Dr. M. Stump

Address Perryville Md

Accident or Suicide —



Name in Full Harvey Enos Myth		CERTIFICATE OF DEATH	
Died at Harwick <small>Town</small>		Loeile <small>County</small>	
Date of death 1908 <small>Month</small> Sep <small>Day</small> 18 <small>Age</small> 3 <small>Years</small> 0 <small>Months</small> 0 <small>Days</small>		MARYLAND	
Sex Male <small>Color of Race</small> White <small>American</small>		Birth-place New Castle Co Del	
Occupation _____		Where Residing if not at place of death Harwick Md	
Married <small>Single or Widowed</small>		Name of Wife or Husband	
Father's Name John Enos Myth		Father's Birthplace 25th Ann Co Md	
Mother's Maiden Name Catherine Sparks		Mother's Birthplace 25th Ann Co Md	
Name of person giving information John Enos Myth		How related to deceased Father	
CAUSES OF DEATH			
Primary Typhoid Fever		How long 2 weeks	
Immediate Leptomeningeal Complication		How long 3 days	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J J Wright	
Accident or Suicide? no		Address Harwick Md	

